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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of invention	THERAPEUTIC USES OF CHEMOKINE VARIANTS				
As the below named inventor(s), l/we declare that					
This declaration is directed to					
✓ The attached application, or					
Application No <u>PCT/EP2004/052572</u> , filed on <u>October 18, 2004</u>					
	as amended on(if applicable);				
l/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought.					
liwe have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above,					
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to mei/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.					
All statements made herein of mylown knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful faise statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.					
1	ME OF INVENTOR(S)				
Inventor one: AMANDA PROLUPFOOT Signature Citizen of: SWITZERLAND					
	Inventor two: JEFFREY SHAW Singstyre Citizen of: JTALY				
og.ideo					
inventor	three: ZOE JOHNSON Citizen of: UNITED KINGDOM				
Signature					
Inventor	Inventor four:				
Signatu	re:Citizen of:				
	additional inventors or a legal representative are being named on				
This colle	additional inventors or a legal representative are being named on discount inventors or a legal representative are being named on discount information is required by 35 U.S.C. 115 and 37 CFR 163. The information is required to obtain or retain a benefit by the public winco is to flid discount of information is required by 35 U.S.C. 115 and 37 CFR 163. The information is required to obtain or retain a benefit by the public winco is to flid discount of information is required by 35 U.S.C. 115 and 37 CFR 163. The information is required to obtain or retain a benefit by the public winco is to flid discount of information is required by 35 U.S.C. 115 and 37 CFR 163. The information is required to obtain or retain a benefit by the public winco is to flid discount of information is required by 35 U.S.C. 115 and 37 CFR 163. The information is required to obtain or retain a benefit by the public winco is to flid discount of information is required by 35 U.S.C. 115 and 37 CFR 163. The information is required to obtain or retain a benefit by the public winco is to flid discount of the information is required by 35 U.S.C. 115 and 37 CFR 13 and 1.14. This collection is estimated to take the information of the info				

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POWER OF ATTORNEY CORRESPONDENCE ADDRESS INDICATION FORM

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	riffation diffess it displays a valid OMB control number
Application Number	10/573,625
Filing Date	March 28, 2006
First Named Inventor	Amanda Proudfoot
Title	Therapeutic Uses of Chemokine
Art Unit	
Examiner Name	
Attorney Docket Number	ARS-124

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
Practitioners associated with the Custom OR	ner Number;	23557					
Practitioner(s) named below:							
Name		Registra	tion Numbe	r			
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as my/our attorney(s) or agent(s) to prosecute Trademark Office connected therewith.	the application identified above	, and to transact all busin	ess in the l	United States Patent and			
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Applicant/Inventor.				1			
Assignee of record of the entire intere Statement under 37 CFR 3.73(b) is ea							
SIGNATURE of Applicant or Assignee of Record							
Signature TELVIONS	X/00/		Date	Zo pro Ever			
Name AMANDA PROUDFOO	- dept		Telephone				
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*							
*Total of forms are subm	nitted.						

This collection of information is required by 3T CFR 1.31, 1.32 and 1.33. The information is required to obtain of retain a benefit by the public which a to file (and by the USPT) or process) an application. Confidentially is governed by 35 U.S.C. 122 and 3T CFR 1.11 and 1.14. This collection is estimated to take 3 mixed to complete, mobility gathering, preserving, and submitting the completed specification from the tel DFPT. Time will very depending upon the and/dual case. Any comments on the amount of time you require to complete his form another suggestions for reducing this burden, should be sent for the Chief Information Chief. USF Plazet half Chiefaret NCT (Plazet August 1.23213-145). On NOT SEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. P.O. Box 1450. Alexandria. VA 22313-1450.



PTO/SB/81 (04-05)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE on unless it displays a valid OMB control number Under the Paperwork Reduction Act of 1995, no persons are required to respond to a co Application Number 10/573,625 Filing Date March 28, 2006 POWER OF ATTORNEY First Named Inventor Amanda Proudfoot Therapeutic Uses of Chemokine. CORRESPONDENCE ADDRESS Art Unit INDICATION FORM **Examiner Name** ARS-124 Attorney Docket Number I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: 23557 Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: 1 The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: irm o Individual Name Address State Zip Country Telephone Email am the: V Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record 10 pure 1006 Signature Jefflin JEEER BY SHAVE Telephone 14122 400 9804 Name Tour Computer Assissed Drag Jenus - Jewin the macentral Estarch Enstrant NOTE. Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

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Date March 28, 2006
lamed inventor Amanda Proudfoot
Therapeutic Uses of Chemokine
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iner Name
ney Docket Number ARS-124

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
Practitioners associated with the Customer Number:	23557						
OR							
Practitioner(s) named below:							
Name	Registration Number						
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Lam the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)							
SIGNATURE of Applicant or Assignee of Record							
Signature Spokes urc.	Date 20 04 00						
Name ZOE JOHNSON	Telephone +44 7905 448744						
Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one							
NOTE: Signatures of all the inventors or assignees of record of the entire interesting signature is required, see below*.	ы от шен тергизопацио(о) аге технитех. Эдоны пывре топпа и тисте ими опе						
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